



URBANA UNIVERSITY SPORTS CAMP/CLINIC POLICIES AND PROCEDURES

MEDICAL CONSENT FORM

Camper's Name: _____
 LAST FIRST M.I.
 Date of Birth _____ Sex _____ Age _____
 Parent or Guardian: _____ Home Phone: () _____
 Home Address: _____
 City _____ State _____ Zip _____
 Cell Phone: () _____ Business Phone () _____

If not available, please notify in case of emergency:

1. _____ Phone _____
 2. _____ Phone _____

Health History (Check all that apply and give approximate dates)

Ear Infections _____	Allergies _____	Diseases _____
Rheumatic Fever _____	Hay Fever _____	Chicken Pox _____
Convulsions _____	Poison Ivy _____	Measles _____
Diabetes _____	Insect Bites _____	German Measles _____
Behavior _____	Penicillin _____	Mumps _____
	Other Drugs _____	Asthma _____

Operations or Serious Injuries (Please give approximate dates):

Chronic or Recurring Illness:

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

PARENTS AUTHORIZATION:

This health history is correct as far as I know, and the person described herein has permission to engage in all prescribed camp activities, except as indicated on page 2 of this consent form. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Sports Camp / Clinic Coach to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

 Signature of Parent or Guardian Date

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Immunization History

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DPT _____ Booster _____

Polio (Sabin) _____ Booster _____

Measles Vaccine (live) _____

German Measles (Rubella) _____

Smallpox _____

Tetanus Booster _____

Typhoid _____

Tuberculin Test _____

Mumps Vaccine (live) _____

Other _____

Restrictions or Limitations

Please list any restrictions or limitations while at this camp for this camper:

Signature of Parent/Guardian

Date

Signature of Physician or Authorized Medical Personnel

Date

A summer camp participant shall not be permitted to attend a particular camp unless this camp health form, or similar document, is completed and returned to the appropriate camp staff no later than the day of registration.